

## LOCALITY PAY SYSTEM PROCEDURAL HANDBOOK

**1. REASON FOR ISSUE:** To revise Department of Veterans Affairs (VA) procedures related to the Locality Pay System (LPS) based on new Qualification Standards for Registered Nurses (R.N.s). Because of their complexity and length, VA's regulations implementing LPS are also contained in this handbook (see par. 1 of VA Directive 5103.9). Regulatory material appears in *bold italics*.

**2. SUMMARY OF CONTENTS/MAJOR CHANGES:** The handbook contains mandatory VA procedures on the LPS as it applies to R.N.s and nurse anesthetists. The pages in this handbook replace the corresponding page numbers in VA Handbook 5103.9, dated March 5, 1999. Significant changes include:

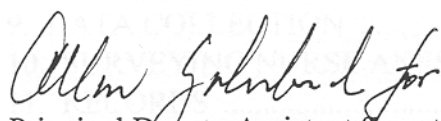
- a. Eliminates references to higher levels within Nurse IV and V.
- b. Eliminates references to Level 1 caps within Nurse IV and V.
- c. Deletes implementation instructions for the new nurse executive proficiency rating system since the time frame for implementation has elapsed.
- d. Revises Survey Job Statements.
- e. Rescinds Appendix C, Nurse Qualification Standards. Nurse Qualification Standards are now contained in VA Directive 5102.1.

**3. RESPONSIBLE OFFICE:** The Customer Advisory and Consulting Group (051), Office of the Deputy Assistant Secretary for Human Resources Management, is responsible for the contents of this handbook.

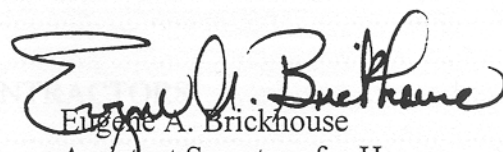
**4. RELATED DIRECTIVES:** VA Directive 5103.9, "Locality Pay System."

**5. RESCISSIONS:** VA Handbook 5103.9, Appendix C, Nurse Qualification Standard, dated March 5, 1999.

**CERTIFIED BY:**

  
Principal Deputy Assistant Secretary for  
Information and Technology

**BY DIRECTION OF THE SECRETARY  
OF VETERANS AFFAIRS**

  
Eugene A. Brickhouse  
Assistant Secretary for Human  
Resources and Administration

## CONTENTS-CONTINUED

<b>PARAGRAPH</b>	<b>PAGE</b>
------------------	-------------

**PART 3. SALARY SCHEDULE CONSTRUCTION AND IMPLEMENTATION**

1. GENERAL.....	3-1
2. SETTING THE BEGINNING RATE FOR GRADES AND LEVELS .....	3-1
3. MINIMUM DIFFERENTIALS .....	3-3
[4.] CALCULATING THE REMAINING STEPS .....	3-3
[5.] ANNUAL PAY ADJUSTMENT.....	3-4
[6.] APPROVAL OF SCHEDULES .....	3-5
[7.] IMPLEMENTATION OF LPS SCHEDULES .....	3-5
[8.] DOCUMENTATION.....	3-6

**PART 4. EXCEPTIONS TO THE 133 PERCENT RATE RANGE**

1. GENERAL .....	4-1
2. FACILITY DIRECTOR RESPONSIBILITIES .....	4-1
3. CRITERIA FOR APPROVAL .....	4-1
4. DETERMINING THE RATE RANGE AND BEGINNING STEP FOR UPPER LEVELS IN THE GRADE .....	4-3
5. REQUESTS FOR EXCEPTIONS .....	4-3
6. EFFECTING EXCEPTIONS .....	4-3
7. REDUCTION OR CANCELLATION OF EXCEPTIONS TO THE 133 PERCENT RATE RANGE .....	4-4

**PART 5. PAY FOR FIELD FACILITY NURSE EXECUTIVES AND KEY NURSING PERSONNEL**

1. SCOPE .....	5-1
2. NURSE EXECUTIVES .....	5-1
3. KEY NURSING PERSONNEL AND NURSE ANESTHETISTS IN NURSE IV AND NURSE V .....	5-4
4. DETAILS, TEMPORARY REASSIGNMENTS, AND TEMPORARY PROMOTIONS ..	5-5
5. VOLUNTARY CHANGES TO A LOWER GRADE .....	5-6
6. NURSE PROFESSIONAL STANDARDS BOARDS .....	5-6

## CONTENTS-CONTINUED

<b>PARAGRAPH</b>	<b>PAGE</b>
------------------	-------------

**PART 6. VHA HEADQUARTERS AND VISN OFFICE NURSE PAY**

1. COVERAGE.....	6-1
2. ESTABLISHING PAY RATES FOR THE CHIEF CONSULTANT, NURSING STRATEGIC HEALTHCARE GROUP AND THE DIRECTOR, NURSING SERVICE .....	6-1
3. OTHER VHA HEADQUARTERS NURSES .....	6-2
4. VISN OFFICE NURSES .....	6-2
5. PAY ADMINISTRATION .....	6-2
6. RATE RANGE EXTENSIONS .....	6-2

**PART 7. RATES OF PAY FOR SAN JUAN AND MANILA**

1. SCOPE .....	7-1
2. PAY SETTING PROCEDURES .....	7-1
3. REVIEW OF BEGINNING PAY RATES AND SCHEDULES .....	7-1
4. RATE RANGE EXTENSIONS .....	7-2
5. SALARY SCHEDULE CONSTRUCTION AT NEW LOCATIONS OR WHEN COVERED POSITIONS ARE RE-ESTABLISHED AT EXISTING LOCATIONS .....	7-2

**APPENDICES**

A. DEFINITIONS .....	A-1
B. STATEMENTS OF UNDERSTANDING FOR ASSIGNMENT AS HEAD NURSE OR POSSESSION OF SPECIALIZED SKILLS .....	B-1
[ ]	
D. NURSE ANESTHETIST QUALIFICATION STANDARD .....	D-1
E. SAMPLE OF LOCALITY PAY SYSTEM DATA COLLECTION FORM AND INSTRUCTIONS .....	E-1
F. SURVEY JOB STATEMENTS .....	F-1
G. SAMPLE VA NURSE LOCALITY PAY SCHEDULE .....	G-1
H. SAMPLE OF STATEMENTS OF UNDERSTANDING FOR TEMPORARY PROMOTION AND ADVANCEMENT OR VOLUNTARY CHANGE TO LOWER GRADE .....	H-1
I. NURSE EXECUTIVE PROFICIENCY RATING FORM (NURSE IV) .....	I-1
J. NURSE EXECUTIVE PROFICIENCY RATING FORM (NURSE V) .....	J-1



## PART 1. GENERAL PROVISIONS

**1. PURPOSE.** This Department of Veterans Affairs (VA) handbook contains mandatory procedures for administering the Locality Pay System (LPS) for full-time, part-time and intermittent registered nurses (R.N.s) and nurse anesthetists appointed under Chapter 74, Title 38 United States Code (U.S.C.). The LPS provides VA health care facilities a mechanism for adjusting salary rates in order to be competitive in the recruitment and retention of R.N.s and nurse anesthetists.

**NOTE:** *Because of their complexity and length, VA's regulations implementing LPS are also contained in this handbook. Regulatory material appears in **bold italics**.*

### 2. LPS STRUCTURE

#### a. Five-Grade Pay System

(1) ***Under the LPS there are five grades, Nurse I through Nurse V.*** Certain grades contain higher levels, as follows:

(a) **Registered Nurse.** Nurse I contains three levels. Nurse II, [ ] III, [IV and V] are not divided into levels. [ ]

(b) **Nurse Anesthetist.** Nurse I contains two levels. Nurse II through V are not divided into levels.

(2) Each grade has a maximum of 26 steps and a step rate increment of 3 percent of the beginning rate for the grade. Because of the limit on the width of the rate range in subparagraph 2b(1), field facilities may only use 12 steps in each grade unless a wider rate range is approved under that paragraph. The dollar value of each step increment will be the same.

#### b. Basic Pay Ranges

(1) ***The maximum authorized range of basic pay rates for any grade is 133 percent*** of the minimum rate, ***unless***:

(a) Upon conversion to the five-grade LPS schedule, the facility Director approved an extension of the rate range for a covered occupation; or

(b) The appropriate Veterans Integrated Service Network (VISN) Director ***determines a larger rate range, not to exceed 175 percent, is necessary to recruit or retain a sufficient number of well-qualified health care personnel (see part 4).***

(2) ***Rates of basic pay may not exceed Level V of the Executive Schedule*** ([ \$114,500] per annum since January [2, 2000]). No rate of pay on the locality pay schedule will exceed Level V of the Executive Schedule (EL-V). For example, the beginning rate of Nurse V on

January [2, 2000], is \$105,500 per annum with a periodic step increase (PSI) of \$3,165. Because step [4 (\$114,995)] and above will exceed the rate for EL-V, each step above step [3] will be shown as [\$114,500] on the pay schedule.

### 3. LPS ADJUSTMENTS

a. **General.** *Title 38 U.S.C. 7451(d) authorizes facility Directors to adjust rates of pay for covered positions to amounts comparable to corresponding non-VA positions in the local labor market area (LLMA). Such adjustments may not exceed the highest beginning rates of compensation for corresponding non-VA positions in the LLMA.*

b. **Regular Adjustments.** *Unless the facility Director determines an adjustment is not necessary (see subpar. 3c), the Director will make an adjustment:*

(1) *On the effective date of any General Schedule (GS) adjustment under Title 5, U.S.C. Chapter 53, Subchapter I;*

(2) *Not later than 30 days after the completion of data collection for a VA-conducted LLMA survey; and*

(3) *Not later than 30 days after the release of the results of a LLMA survey by BLS that meets the requirements of this handbook.*

c. **Exceptions to Regular Adjustments.** If a facility Director determines an adjustment is not necessary because current LPS rates are competitive, the Director may continue those rates on the date of a GS adjustment or after a VA- or BLS-conducted survey (see par. 3 of part 2). Within 10 days of determining an adjustment is not necessary, the Director must notify the VISN Director (10N\_)/051) of the reasons for this determination. If the determination is made coincident with a GS adjustment, the notification must be submitted prior to the effective date of the GS adjustment. A copy of the survey summary on which the determination is based must also be submitted.

**NOTE:** *Beginning rates which exceed the highest minimum community rate reported in the survey may not be continued.*

d. **Other Adjustments.** Without conducting a new survey, facility Directors may authorize general LPS adjustments based on the data from the most recent survey provided that all of the following conditions apply:

(1) The new beginning rates authorized do not exceed the highest minimum community rate reported in the most recent survey;

(2) The effective date of the proposed adjustment is within 120 days of the completion date of that survey; and

b. To determine the appropriate step for employees who have received higher rates based on specialized skills, the individual's employment history must be reconstructed disregarding any higher rates of pay for specialized skills (see MP-5, pt. II, ch. 3, sec. D, subpar. 8a(1)(b)).

2. **Voluntary Reassignment.** If an employee receiving pay under this paragraph voluntarily requests an assignment that is not covered by this paragraph, the request shall be submitted to the Director through channels in writing (see sample request contained in app. B). The employee's signed request is to be filed on the right side of the employee's MRPF.

**5. SPECIALTY SCHEDULES.** A separate salary schedule may be established for any nurse category, except head nurse, by conducting a survey of pay rates for the corresponding specialty in the LLMA. These specialty areas include but are not limited to operating room nurse, nurse practitioner, critical care nurse, administrative nurse, and clinical nurse specialist. Employees will be paid as follows:

a. **Approval of Specialty Schedule.** Employees reassigned to a specialty schedule must receive the corresponding rate for the grade and step held on the day before the effective date.

b. **Termination of Specialty Schedule.** If the Director determines a specialty schedule is no longer necessary for recruitment and retention purposes and terminates the schedule, affected employees will be placed at the lowest step of the corresponding grade on the regular staff nurse schedule that equals or exceeds their existing rate of pay. If the employee was receiving a rate of pay in excess of the maximum rate of the grade on the regular staff nurse schedule, the employee will be placed on pay retention under paragraph 14.

c. **Voluntary Reassignment.** Employees receiving pay under this paragraph who are voluntarily reassigned must receive the corresponding rate for the grade and step held on the day before the effective date and are not eligible for pay retention.

**6. APPOINTMENTS.** Appointments will be made in accordance with policies contained in MP-5, part II, chapter 2, Appointments, this paragraph, and part 5, Pay for Field Facility Nurse Executives and Key Nursing Personnel.

a. **Qualification Standards.** The qualification standard for nurses [is contained in VA Directive 5102.1. The qualification standard for] nurse anesthetists [is] contained in [appendix D to this handbook.]

**b. Nurse Anesthetists**

(1) **Certification.** The Nurse Anesthetist Qualification Standard requires certification by the Council on Certification of Nurse Anesthetists for appointment as a nurse anesthetist. The certification requirement applies to all employees appointed or reappointed on and after May 4, 1993. It does not apply to non-certified nurse anesthetists on VA rolls as of May 4, 1993.

(2) **Appointment as a Graduate Nurse Anesthetist.** *An individual who has successfully completed a full course of nursing in an approved nursing school and who has graduated from a school of nurse anesthesia approved by the American Association of Nurse*

*Anesthetists, whose certification by the Council on Certification of Nurse Anesthetists is pending, may be appointed on a temporary full-time, part-time or intermittent basis under the provisions of 38 U.S.C. 7405(a)(1)(D).*

(a) *Graduate nurse anesthetist appointments will be for a period not to exceed 2 years and may not be extended.* Experience may be credited in meeting grade level requirements if the graduate nurse anesthetist was utilized as a professional nurse anesthetist and if the graduate nurse anesthetist becomes certified within the initial 2-year period of appointment (see app. D).

(b) A graduate nurse anesthetist who fails to qualify for certification will be permitted to remain on VA rolls pending results of reexamination, provided reexamination occurs prior to the expiration date of the temporary appointment.

(3) **Appointment Above the Minimum Based on Superior Qualifications.** *Nurse anesthetists appointed on and after May 4, 1993, may not be appointed at a step rate above the minimum for the grade based on certification by the Council on Certification of Nurse Anesthetists.* Certification is a condition of employment and may not be used as a basis for appointment above the minimum step of the grade on initial appointment or reappointment.

## **7. PROMOTIONS AND ADVANCEMENTS**

### **a. General**

(1) The criteria in Veterans Health Administration (VHA) Supplement to MP-5, part II, chapter 5, Advancements, this paragraph, and part 5, Pay for Field Facility Nurse Executives and Key Nursing Personnel, shall be used to approve promotions and advancements for employees in covered positions.

(2) Nurses and nurse anesthetists considered for promotion or for advancement to a higher level within the grade based on possession of additional qualifications must meet the qualification requirements in [VA Directive 5102.1 or appendix D of this handbook, as appropriate.] They must also meet the administrative requirements in MP-5, part II, chapter 5, paragraph 6, and in the VHA supplement.

(3) Board members must be at or above the grade and, where appropriate, the level in the grade for which the employee is being considered.

### **b. Promotions**

(1) Except as provided in subparagraphs 7b(1)(a), (b) [and] (c) [ ], *employees promoted shall receive basic pay at the lowest rate of the higher grade which exceeds the employee's existing rate of basic pay by not less than two step increments of the grade from which promoted,* unless pay retention rules apply (see par. 14).





exceeds their retained rate (excluding head nurse pay). Then add two steps onto that step for head nurse pay. If there is no rate in the higher grade that exceeds the employee's retained rate (excluding head nurse pay); the employee remains on pay retention in the higher grade. The amount of the head nurse pay, however, must be adjusted to reflect the dollar equivalent of two additional steps in the higher grade.

**(c) Employees With Specialized Skills**

1. Promotion While Remaining in an Assignment Requiring Specialized Skills. An employee promoted while remaining in an assignment requiring specialized skills receives the lowest step of the higher grade that equals or exceeds the employee's existing rate of basic pay (including the higher rate based on specialized skills) by not less than two step rates of the grade from which promoted. If the rate in the higher grade is less than the entry rate for specialized skills, the employee shall be advanced to the specialized skills entry rate in the higher grade. Example: An employee at Nurse II, step 5, based on possession of specialized skills shall receive the lowest step in Nurse III that equals or exceeds Nurse II, step 7.

2. Assignments Not Requiring Specialized Skills and Simultaneous Promotion. An employee receiving a higher rate of basic pay for specialized skills, who accepts an assignment which does not require specialized skills and who is simultaneously promoted, shall receive the lowest step in the higher grade which equals or exceeds the employee's existing rate of basic pay (including the higher rate based on specialized skills) by not less than one step increment within the grade from which promoted. Example: An employee at Nurse I, step 5, based on possession of specialized skills receives the lowest step of Nurse II that equals or exceeds Nurse I, step 6.

[ ]

(2) Recommendations for promotion to Nurse IV or V will be considered by the field facility NPSB (where one can be constituted) or the NPSB for the VISN. The VHA Headquarters NPSB will review actions for VHA Headquarters and VISN staff and requests for waivers of facility complexity level and requests for promotion reconsideration for field facility employees.

**c. Advancements**

**(1) Periodic Step Increases**

(a) Proficiency Report rating officials may approve PSIs for employees in covered positions. PSIs for employees in covered positions may also be disapproved by officials authorized to approve the Proficiency Report.

***Professional Standards Board recommendations***, including decisions concerning the relatedness of a certificate to the facility's health care mission or an employee's assignment;

(b) To the extent feasible, the policy statement should include information on specialty certification that does not establish eligibility for a cash award because it has been locally determined that the particular certification is not related to the facility's health-care mission; and

(c) ***The following criteria may be used when granting cash awards for certification:***

***1. Whether the certification is based solely on experience, or on experience and successful completion of a comprehensive examination;***

***2. The relationship of the certification to the employee's assignment;***

***3. Proration of the award based on part-time or intermittent employment;***

***4. Employee performance;***

***5. Facility recruitment or retention needs; and***

***6. Any other criteria considered appropriate.***

(4) Cash awards for certification should be made within a reasonable time after the employee presents proof of certification (i.e., a copy of the certificate) to the appropriate facility official. A copy of the certificate is to be filed [in the employee's board action folder.]

(5) Covered employees who became certified before April 7, 1991, or who become certified before becoming covered employees are not eligible for cash awards for specialty certification.

(6) Nurse anesthetists appointed or reappointed on or after May 4, 1993, must be certified by the Council on Certification of Nurse Anesthetists as a condition of employment. They are not eligible for cash awards for specialty certification.

***c. Exemplary Job Performance and Exemplary Job Achievement. Facility Directors may grant a cash award of up to \$2,000 to covered employees who demonstrate both exemplary job performance and exemplary job achievement. To receive an award, the employee's latest Proficiency Report must be High Satisfactory or above, and the employee must meet the criteria under one of the following paragraphs:***

***(1) Significant and distinguished contribution(s) in some phase of health care as evidenced by original research, writings, and publications in professional media of stature (e.g., reference journals);***

***(2) Special recognition in the fields of teaching or professional practice;***



(b) **Prior VA Service Under the LPS.** *Former employees who served under the LPS may have their step set at any step which does not exceed their highest previous step unless the approving official authorizes a higher step as described in subparagraph 10a(1)(a).*

(c) **Current or Prior Federal Service Which Does Not Include Service Under the LPS.** *The employee may be paid at any step of the grade which does not exceed the employee's relative position in the former rate range unless the approving official authorizes a higher step as described in subparagraph 10a(1)(a). Current employees converted to a covered position at their request are not eligible for pay retention under paragraph 14.*

**(d) Other Appointment Procedures**

1. The approving official shall consider the recommendation of the appropriate Professional Standards Board.

2. The procedures covered in this paragraph do not preclude reappointment at a higher grade or level if the individual meets the appropriate qualifications standards in [VA Directive 5102.1] or appendix [ ] D.

(e) **Restrictions on Making Highest Previous Step Determinations.** *All highest previous step determinations are subject to the following restrictions:*

1. *The highest previous step must have been earned in a full-time, part-time or intermittent appointment, not limited to 90 days or less, or for a period of not less than 90 days under one or more appointments without a break in service.*

2. *The highest previous step may not include higher rates of pay for being a head nurse, higher rates based on specialized skills or an interim geographic adjustment approved under Executive Order 12826, dated December 31, 1992.*

3. *The earned step on any special salary rate range approved under 38 U.S.C. 7455 is to be used for the purposes of computing the highest previous step.*

**(2) Intra-VA Transfers and Reassignments Between Geographically Separate Elements of the Same Facility**

(a) **At Employee's Request.** *An employee who is transferred or reassigned without a break in service from one VA facility to another normally receives:*

1. *The rate of pay applicable to the employee's grade and step at the gaining location (e.g., an employee at Nurse II, step 2 receives the rate for that grade and step at the gaining location). Employees at Level 2 or 3 of Nurse I receive the rate for their current step or the minimum beginning step for their level at the gaining location if that step is higher;*

2. *The maximum step of the grade at the gaining location if the employee is on pay retention at the losing location (pay retention ceases);*

***1. Using anecdotal information, the Director may determine that the data collected adequately represents the rates paid in the LLMA, and use the data to establish schedules under part 3, Salary Schedule Construction and Implementation.***

***2. The facility Director may maintain the existing rates of pay.***

***(2) Reasonable efforts will be made to obtain three job matches for each grade or level:***

(a) Before beginning a survey, if facility officials anticipate less than three job matches will be found at one or more grades or levels, the facility Director may either identify additional certainty survey establishments or survey all non-VA health care facilities in the LLMA. If neither of these approaches is likely to produce three job matches, the Director may expand the LLMA.

(b) If, after completing a survey, less than three job matches are found at one or more grades or levels, the facility Director may use the data collected to set beginning rates of pay but must also consider the following:

***1. Use the options in subparagraph 9f(2)(a) before the next survey to increase the potential for additional job matches.***

***2. Where less than three job matches are found for Nurse IV and/or Nurse V only, the facility Director may establish a schedule for the other grades and resurvey using the options in subparagraph 9f(2)(a) and create an administrative specialty schedule for those two grades.***

(3) If none of the options in subparagraph 9f(2)(a) or (b) are utilized and less than three job matches per grade or level are used to establish a new or revised schedule, the Director must provide sufficient written assurance that less than three job matches are adequate to set a competitive beginning rate for one or more grades or levels. The following factors or combination of factors may warrant using less than three job matches:

(a) The limited data collected is representative of the rates paid in the LLMA. The facility is in a remote area containing very few health care establishments, all of which provided data for the survey. [ ]

[(b)] Expansion of the LLMA would result in collecting rates not representative of local rates.

[(c)] Initial expansion of the LLMA did not produce any usable data and further expansion is unlikely to produce useful data.

[(d)] The limited data available compares favorably to data collected for VA positions at adjacent VA facilities or VAs in similar labor markets.

**PART 3. SALARY SCHEDULE CONSTRUCTION AND IMPLEMENTATION**

**1. GENERAL.** *The same pay-setting procedures apply to registered nurse and nurse anesthetist schedules. However, for nurse anesthetist schedules, Nurse I will only have two levels in the grade [ ].*

**2. SETTING THE BEGINNING RATE FOR GRADES AND LEVELS****a. When Non-VA Salary Data is Available for All Grades and Levels**

*(1) When the survey summary (see subpar. 9e of part 2) includes salary rate ranges and averages for all grades and levels, the facility Director will use them as guidance in determining the appropriate beginning rate for each grade and level. The Director will also consider such factors as:*

*(a) The geographic relationship of the Department of Veterans Affairs (VA) facility to major non-VA health care facilities in the local labor market area (LLMA);*

*(b) The severity of recruitment or retention problems (see par. 3 of part 4);*

*(c) Non-VA benefit packages which are not quantifiable; and*

*(d) Other factors which affect the facility's ability to recruit or retain employees in covered positions.*

*(2) Normally, if consistent with subparagraphs 2a(3), (4), (5) and (6), the facility Director will set the beginning rate for each grade and level at, or within 5 percent of, the average beginning rate for corresponding positions in the LLMA as shown on the survey summary.*

*(3) The facility Director may establish the beginning rate for a grade or level more than 5 percent above or below the average beginning rate in the LLMA. In this case, the Director will provide written justification, based on the factors in subparagraph 2a(1), that a higher beginning rate is needed or a lower beginning rate is adequate to recruit and retain well-qualified employees.*

*(4) Different randomly selected establishments and different levels of participation from survey to survey may result in reductions in the weighted average. In determining a rate of pay under subparagraph 2a(2) or (3), the facility Director must consider the impact of pay adjustments on current employees before reducing beginning rates. The Director must provide written justification with any new pay schedules for the determination to reduce the beginning rate.*





(a) *Beginning rates must be set consistent with the minimum differentials in paragraph 3; and*

(b) *When necessary to recruit or retain well qualified employees, the facility Director may adjust the following:*

*1. Either the beginning rate for Nurse I or the beginning rate for the levels within Nurse I to provide a three-step differential between them;*

*2. The beginning rate of Nurse II, Nurse III, Nurse IV, and Nurse V up to the seventh step of the next lower grade; or*

*3. The beginning rate of Nurse I so that the beginning rate for Nurse II will fall in the range from the fourth through the seventh step of Nurse I.*

d. **Documentation.** The rationale for determining how the beginning rate for each grade and level in the grade, where appropriate, is set under this paragraph shall be documented in the local survey files, including rates that are within 5 percent of the weighted survey average.

### 3. MINIMUM DIFFERENTIALS

a. **Beginning Rates for Grades.** *The beginning rate of a grade will be set at least equal to the rate of the step which is one above the beginning step of the highest level of the next lower grade.* For example, if Nurse I, Level 3, starts at Nurse I, step 6, then Nurse II, step 1, can be no less than Nurse I, step 7. If there are no levels in the next lower grade, the beginning rate must equal or exceed the fourth step of the next lower grade.

b. **Beginning Rates for Levels in Nurse I.** *The beginning step for Level 2 of Nurse I will not be less than step 3. The beginning step for Level 3 of Nurse I will be set at an amount that provides for a minimum two-step differential between the beginning rate of that level and the beginning rate of Nurse I, Level 2. [ ]*

#### [4.] CALCULATING THE REMAINING STEPS

a. **Determining Step Rates Above Step 1.** *After step 1 has been determined for each of the five grades, the remaining steps will be calculated as follows:*

(1) *To determine the Periodic Step Increase (PSI) amount, multiply the step 1 amount by 3 percent and round down to the nearest dollar; e.g., if step 1 is \$32,123, the PSI is \$32,123 x .03 or \$963.69 rounded down to \$963.*

(2) *By adding the PSI amount to the previous step, the remaining step rates are then calculated, e.g., using the PSI of \$963 above, the step 2 rate would be \$32,123 + \$963 or \$33,086. Unless a greater number of steps is authorized under part 4, Exceptions to the 133 Percent Rate Range, each grade on the schedule will have a total of twelve steps.*

b. **Software Program.** Following the selection of step 1 and the first step of the level(s) in Nurse I, [ ] the software program will automatically calculate the pay schedule as described in the preceding. Printed copies of the schedule can be created by following the instructions in the program.

**[5.] ANNUAL PAY ADJUSTMENT.** Local management officials should emphasize to covered employees that there is no entitlement to receive a pay adjustment coincident with general schedule (GS) adjustments, nor are employees entitled to receive the same percent increase as GS employees. *Facility Directors establishing rates under paragraph 2 must decide whether to adjust the pay schedules for covered employees on the date of any GS adjustment (see par. 3 of part 1). In making this determination, the facility Director will consider the following:*

a. **Where Data is Not Available at Any Grade or Level in a Grade.** *If data is not available at any grade or level in a grade (see subpar. 2b), the Director may pass on all or part of the annual GS adjustment when necessary to recruit and retain well qualified employees. The Director will consider each grade individually, and may authorize different percent increases for each grade.*

b. **Where Data is Available at All Grades and Levels in a Grade.** *If data is available at all grades and levels in the grade, the Director will adjust the rates based on the survey data, without regard to the percent increase granted to GS employees (see subpar. 2a).*

c. **When Limited Non-VA Data is Available.** *When data is available for the grade, the facility Director will adjust the beginning rates for the grades under subparagraph 2a. The beginning rates for grades for which data is not available may be adjusted to pass on all or part of the annual GS adjustment when necessary to recruit or retain well qualified employees. Facility Directors should consider the amount of increase granted to those grades with survey data when determining the amount, if any, to pass on to those grades without survey data.*

d. **When the Survey is Declared Invalid.** If the facility Director determines that the survey is invalid because the data provided by participating establishments are not reflective of the community pay practices (see subpars. 9g and 9h of part 2), the Director must submit the summary of collected data, the justification why the survey was declared invalid, and the rationale for passing on all or part of the annual GS adjustment, if such an adjustment is necessary for recruitment and retention purposes. The information must be submitted to the VISN Director (10N) and OHRM (051) with a copy of the proposed salary schedule at least 10 days prior to the effective date of the proposed adjustment. Action taken under this paragraph will be subject to review and corrective action if necessary.

**NOTE:** *A survey may not be declared invalid simply because the new survey data is lower than the current rates of pay.*

**[6.] APPROVAL OF SCHEDULES**

a. *The facility Director will approve rates established under this part by signing and dating a copy of the schedule.* For schedule adjustments at times other than the annual adjustment, a copy of the approved schedule, parts I and II of the survey summary, and documentation listed in paragraph 9 will be forwarded to the VISN Director (10N) and OHRM (051) immediately after approval.

b. *Except as provided below, pay schedules will be effective the first day of the first pay period after the Director approves the schedule.*

(1) *For the annual adjustment determination only, the Director may sign the schedule up to 30 days before the effective date, and designate that the schedule is to be effective coincident with the GS adjustment. If the signed schedule does not designate such an effective date, the schedule will take effect under subparagraph 7b.*

(2) A copy of the approved schedule, survey summary parts, and documentation listed in paragraph 9 must be received in the Customer Advisory and Consulting Group (051) 10 days before the effective date of any GS adjustment.

c. *The facility Director has the final approval for any pay adjustments under the Locality Pay System (LPS).* However, VA Central Office officials must conduct a technical review of the schedules for compliance with the law and policy. Schedules should not be released to covered employees until VA Central Office officials have notified facility officials that the schedules have been reviewed and may be released. This review will have no impact on the effective date of the schedule adjustment, nor on the Director's requirement to make a pay determination within 30 days of completing the survey.

**[7.] IMPLEMENTATION OF LPS SCHEDULES**

a. *When the Beginning Rate for a Grade Remains the Same or Increases. Employees will receive the rate of pay authorized on the new LPS schedule for their applicable grade and step.*

b. *When the Beginning Rate for a Grade is Reduced. Employees will receive the lowest rate of pay in the grade that equals or exceeds the employee's existing rate of pay. If there is no such rate in the grade, the employee will be entitled to pay retention in accordance with the provisions of paragraph 14 of part 1.*

c. *When the Beginning Step for a Level in [Nurse I] is Increased. Current employees in the level who fall below the new entry step will be increased to the new minimum. This increase is not considered an equivalent increase in compensation. Employees in the level who are already at the new minimum step will also be advanced to the next step of the grade; however, this latter increase is considered an equivalent increase in compensation. Pay of employees above the new minimum will not be increased.*

d. **When the Beginning Step for a Level in [Nurse I] is Reduced.** *Such a reduction does not affect the step of current employees in the level.*

**[8.] DOCUMENTATION.** Documentation regarding the above determinations will be retained and made part of the survey file established under paragraph 11 of part 2. The facility Director will sign the following determinations prior to the effective date of any schedule adjustment:

- a. The rationale for establishing the beginning rates of each grade and levels within the grades (even if within 5 percent of the weighted average);
- b. The justification for setting the beginning rates more than 5 percent above or below the average;
- c. The decision regarding the annual adjustment under paragraph 6 (if applicable);
- d. A copy of the schedules approved under paragraph 7; and
- e. The determination that an extended rate range continues to be necessary (see subpar. 2b of part 4).

**PART 5. PAY FOR FIELD FACILITY NURSE EXECUTIVES AND  
KEY NURSING PERSONNEL**

**1. SCOPE.** *This part applies to Nurse Executives at Department of Veterans Affairs (VA) field facilities. The term Nurse Executive refers to Chiefs of Nursing Service or equivalent positions that represent the highest ranking nurse management position at a facility. This part applies to key nursing personnel and nurse anesthetists in Nurse IV and Nurse V who are employed at a VA medical center and are appointed on a full- or part-time basis under Title 38 United States Code (U.S.C.) Section 7401(1) or 7405(a)(1). NOTE: Employees at the Veterans Integrated Service Network (VISN) and Veterans Health Administration (VHA) Headquarters are covered by part 6, VHA Headquarters and VISN Office Nurse Pay.*

**2. NURSE EXECUTIVES**

a. **Appointments and Reassignments.** *Nurse Executives at complexity level [III and] IV facilities shall be assigned to Nurse IV; [ ] at complexity level [I and II], to Nurse V [ ]. Individual exceptions may be recommended by the VHA Headquarters Nurse Professional Standards Board (NPSB) for the approval of the Under Secretary for Health, or designee.*

b. **Pay Administration**

(1) **Promotions to a Higher Grade.** *Employees promoted from a grade to a higher grade shall receive basic pay at the lowest rate of the higher grade which exceeds the employee's existing rate of basic pay by not less than two step increments of the grade from which promoted. NOTE: See subparagraphs 7b(1)(b)1. and 7b(1)(c)2. of part 1, for promotions of head nurses or employees receiving a higher rate based on specialized skills.*

[ ]

[(2)] **Placement of a Nurse Executive.** *NOTE: See subpars. 10a(2)(b) and (c) of part 1.*

(a) **At a Facility With the Same Complexity Level.** The appropriate NPSB may recommend a pay adjustment upon placement of a Nurse Executive at a facility with the same complexity level if such an adjustment is consistent with the criteria contained herein, and the placement is made for reasons other than cause or the employee's request.

(b) **At a Facility With a Higher Complexity Level.** The appropriate NPSB may recommend a pay adjustment upon placement of a Nurse Executive at a facility with a higher complexity level provided such an adjustment is consistent with the criteria contained herein.

(c) **To a Facility With a Lower Complexity Level.** The appropriate NPSB shall recommend one of the following options upon placement of a Nurse Executive to a facility with a lower complexity level, provided the placement is for reasons other than cause or the employee's request.

1. The employee shall receive the lowest step in the grade which equals or exceeds his or her existing rate of pay.

2. If there is no such rate, the employee will be eligible for pay retention under paragraph 14 of part 1.

(d) **Placement in a Key Nursing Assignment.** The appropriate NPSB shall recommend one of the following options upon placement of a Nurse Executive in a key nursing assignment, provided such placement is made for reasons other than cause or at the employee's request.

1. The employee shall receive the lowest step in the grade which equals or exceeds their existing rate of pay.

2. If there is no such rate, the employee will be eligible for pay retention under paragraph 14 of part 1.

(e) **Voluntary Changes to a Lower Grade.** **NOTE:** *See paragraph 5.*

c. **Changes in Complexity Level.** If the Under Secretary for Health changes facility complexity levels, Nurse Executives at facilities with changed levels are to be reviewed as follows:

(1) **Change to a Higher Facility Complexity Level.** If a facility is changed to a higher complexity level, the appropriate NPSB shall review the grade [ ] and step of the Nurse Executive, and may recommend an increase provided the increase is consistent with the criteria contained herein.

(2) **Change to a Lower Complexity Level.** *If the facility is changed to a lower complexity level and the grade [ ] of the Nurse Executive is not supported by the lower facility complexity level, the Nurse Executive shall be entitled to [ ] the lowest step in the lower grade which equals or exceeds the employees existing rate of pay. If there is no such pay rate in the lower grade, the employee shall be entitled to pay retention under paragraph 14 of part 1.*

[(3) **Exceptions.**] Facility Directors may request exceptions to established grades [ ] if the complexity of the Nursing program is comparable to those found at facilities with a higher complexity level. The VHA Headquarters NPSB is the appropriate NPSB for actions involving a waiver of facility complexity level.

**d. Proficiency Rating System**

(1) **Rating Forms.** The proficiency of the Nurse Executive at each facility will be evaluated using the proficiency rating forms contained in appendix I for Nurse IV employees, and appendix J for Nurse V employees. These forms may be downloaded from the VA intranet at <http://vaww.va.gov/forms/medical/searchlist.asp>.

(2) **Rating and Approving Officials.** The rating will be prepared by the immediate supervisor and approved by the facility Director. If the facility director is the immediate supervisor, the rating will be forwarded to the VISN Director for approval.

(3) **Rating Period.** The rating period for covered employees will be the fiscal year.  
[ ]

**NOTE:** *Additional guidance concerning proficiency ratings may be found in MP-5, part II, chapter 6, Proficiency Rating System, and the VHA Supplement.*

**e. Annual Step Rate Review.** *At the time of the proficiency rating, the immediate supervisor shall recommend, based on the employee's performance during the rating period, that the Nurse Executive receive no step increase, a one-step increase, or a two-step increase.* This recommendation shall be documented in Section F of the proficiency rating form and forwarded to the facility Director for approval. If the facility Director is the immediate supervisor, the rating form will be forwarded to the VISN Director for approval. [Step increases will be effective at the beginning of the first pay period beginning on or after November 15.]

**NOTE:** *The immediate supervisor may not recommend any step adjustment for the Nurse Executive if the employee is already at or above the maximum step authorized for the grade [ ].*

**f. Applicability of Other Provisions of this Handbook.** *Employees covered by this paragraph are not eligible for PSIs or special advancements for performance. They may, however, receive special advancements for achievement and other cash awards under the provisions of paragraphs 7 and 8 of part I.*

g. **Field Facility Complexity Index.** See VHA Supplement to MP-5, part II, chapter 3, Pay Administration, section A, appendix B.

### 3. KEY NURSING PERSONNEL AND NURSE ANESTHETISTS IN NURSE IV AND NURSE V

a. **Definition.** For the purposes of this handbook, *"key nursing personnel" refers to nurses (other than Nurse Executives) at Nurse IV and above whose grade is based on both their personal qualifications and responsibilities of their assignment.*

b. **Appointments and Reassignments.** Appointments and reassignments of personnel covered by this paragraph shall be made in accordance with subparagraph 10a of part 1, and MP-5, part II, chapter 2, Appointments, and its VHA Supplement. Appointment or assignment of Nurse IV and V for nurse anesthetists shall be based on the recommendation of the VHA Headquarters Nurse Anesthetist Professional Standards Board and approval of the Chief Patient Care Services Officer (11/051).

(1) **Reassignment to Nurse Executive Positions.** Key nursing personnel reassigned as a Nurse Executive shall have their pay set in accordance with paragraph 2.

(2) **Placement in a Lower Grade for the Good of VA.** *An employee placed in a lower grade for reasons other than cause or at the employee's request will have his or her pay set at the lowest step of the lower grade which equals or exceeds his or her existing rate of basic pay. If there is no such step, the employee is entitled to pay retention under paragraph 14 of part 1.*

(3) **Voluntary Changes to a Lower Grade.** See paragraph 5.

c. **Review of Assignments.** Facility Directors, VISN Directors or officials in VHA Headquarters may request review of an assignment covered by this part if they believe it no longer warrants the current grade [ ]; the assignment cannot be restructured within the requesting official's scope of responsibilities; and the employee will not voluntarily accept a change to a lower grade. Reviews are initiated if there has been a significant change in the assignment or an accretion or erosion of responsibilities results in the assignment being more appropriately placed at a different grade [ ]. Recommendations related to nurse assignments will be sent to the appropriate NPSB. Those related to nurse anesthetist assignments will be sent to VHA Headquarters Nurse Anesthetist Professional Standards Board and the Chief Patient Care Services Officer (051/11). *If it is determined that the grade [ ] is inappropriate, the correct grade [ ] will be identified and the following action will be taken:*

(1) *Any promotion or advancement will be effected on the first day of the first pay period following the approving official's determination.*

(2) *If the current grade [ ] is no longer warranted:*



(a) Program officials will attempt voluntary or involuntary placement of the employee in a more appropriate assignment.

(b) *If no placement opportunities are available, the employee shall be reduced to the appropriate grade [ ]. Such employees are eligible for pay retention.*

**NOTE:** *Directed transfers or reductions in grade approved under this paragraph will not be considered adverse actions under 38 U.S.C. 7461, provided they are not based on charges related to conduct or performance. The actions are, however, grievable under the provisions of MP-5, part II, chapter 8, Disciplinary and Grievance Procedures.*

#### **4. DETAILS, TEMPORARY REASSIGNMENTS, AND TEMPORARY PROMOTIONS**

a. **Details.** *When the position of Nurse Executive or a nurse anesthetist position at Nurse IV or Nurse V is vacant, the facility Director may detail an employee to that position. Generally, details will not exceed 90 days, and may be terminated prior to the expiration date. Under unusual circumstances, the facility Director may approve extensions of the detail in 90-day increments.*

b. **Temporary Reassignments.** *When a position at Nurse IV or V is vacant, the facility Director may temporarily reassign an individual into the position. Generally, temporary reassignments will be for a period not to exceed 1 year, and may be terminated prior to the expiration date. Under unusual circumstances, the facility Director may extend a temporary reassignment not to exceed 1 additional year.* Normally, such temporary reassignments will be approved only after a nurse or nurse anesthetist has acted in the position for at least 90 days. In unusual circumstances, the approving official may approve a temporary reassignment when an employee has served less than 90 days in an acting capacity (e.g., when the position is expected to be vacant for an extended period). On approval of the temporary reassignment, the following statement will be placed in the "Remarks" item of Standard Form 50-B, Notification of Personnel Action: "Employee informed of conditions of temporary assignment."

c. **Temporary [ ] Promotions.** *If a nurse is temporarily reassigned to a higher grade [ ] under subparagraph 4b, the facility Director, on the recommendation of the appropriate NPSB, may temporarily promote [ ] the individual in accordance with subparagraph 2b(1) or (2). The Chief Patient Care Services Officer (11) may similarly temporarily promote a nurse anesthetist to Nurse IV or Nurse V. On expiration or termination of the temporary promotion [ ], the grade and salary of the employee will be adjusted in accordance with the provisions of MP-5, part II, chapter 3, Pay Administration, section A, paragraph 7. The employee will be advised in writing of the conditions of the temporary promotion or assignment (see sample notice in app. H). In applying the provisions of part 3, Salary Schedule Construction and Implementation, the salary will be adjusted to the salary held previously, unless a higher step is warranted by reason of a PSI, special advancement, or under the highest previous step rule.*



## PART 7 - RATES OF PAY FOR SAN JUAN AND MANILA

**1. SCOPE.** *This part contains procedures which will be used to set rates of pay under the Locality Pay System (LPS) for employees of facilities located outside of the contiguous United States, Alaska, and Hawaii.* Currently, this includes nurses and nurse anesthetists employed at San Juan, Manila, and their associated outpatient clinics, and the Guam outpatient clinic.

**2. PAY SETTING PROCEDURES.** Most of the provisions of this handbook, including the number of grades, pay administration procedures, and qualification standards, will apply to covered employees. However, *the rates of pay for these employees will be adjusted under the provisions of this part rather than those contained in part 2, LPS Surveys.*

### 3. REVIEW OF BEGINNING PAY RATES AND SCHEDULES

**a. Beginning Rates and Annual Schedule Reviews.** *The beginning rates of pay used to construct the pay schedules for covered positions will be reviewed coincident with any pay comparability increase for general Schedule (GS) employees (exclusive of locality-based adjustments).* Facility Directors will notify the appropriate Veterans Integrated Service Network (VISN) Director (10N\_\_/051) at least 30 days prior to the effective date of a GS increase of *their determination to do either of the following:*

(1) *Make no adjustment to the beginning rates; or*

(2) *Pass on part or all of the GS adjustment to employees if they believe adjustments to the beginning rates are necessary for recruitment and retention purposes.* If the determination is to pass on part or all of the GS adjustment, the facility Director will submit a copy of the new schedule, including the proposed beginning rates for levels in grades where appropriate, and the reasons for the request citing the criteria in subparagraph 3b following.

**b. Criteria.** *The need for, and the amount of, any increase to the beginning rates of pay for covered facilities must be supported by evidence of pay-related recruitment and retention difficulties or potential difficulties, such as increases in quits-for-pay, vacancy, turnover, and alternative-job-offer rates, and decreases in staffing success rates.*

**c. Other Schedule Adjustments.** Facility Directors *may submit a request for an adjustment to the beginning rates of the schedules at any time that an increase is supported by documented recruitment and/or retention problems. Such adjustments will be approved* by the appropriate VISN Director. Requests will be submitted to the appropriate VISN Director (10N\_\_/051), through Office of Human resources Management (OHRM). Requests shall include the following:

(1) A copy of the proposed schedule, including the beginning rates for levels in [Nurse I];

- (2) The reasons for the adjustment citing the criteria in subparagraph 3b.

d. **Effective Dates.** *Pay adjustments and revised schedules resulting from the annual review will be effective the first day of the first pay period following the facility Director's approval.* Pay adjustments and revised schedules approved by the appropriate VISN Director *will be effective the first day of the first pay period following the VISN Director's approval.*

**4. RATE RANGE EXTENSIONS.** Facility Directors *may request rate range extensions in accordance with the criteria contained in part 4, Exceptions to the 133 Percent Rate Range.* Requests must be submitted to the VISN Director (10N\_\_\_/051) through OHRM.

**5. SALARY SCHEDULE CONSTRUCTION AT NEW LOCATIONS OR WHEN COVERED POSITIONS ARE RE-ESTABLISHED AT EXISTING LOCATIONS.** There may be instances when covered positions, i.e., nurses or nurse anesthetists, are authorized for the first time at a new location or reauthorized at an existing location outside of the contiguous United States. In these situations, the procedures in this paragraph are to be followed in establishing a locality pay schedule.

a. **Salary Data Available.** *If non-Department of Veterans Affairs (VA) salary data is available for all grades and levels in Nurse I or data exists for a grade or for a level in Nurse I, salary schedules must be established in accordance with the procedures in part 3, Salary Schedule Construction and Implementation.*

b. **Salary Data Not Available.** *If non-VA salary data is not available for any grade or level of the grade, the facility Director shall use the national eight-grade nurse schedule for Physician Assistants and Expanded Function Dental Auxiliaries to construct the five-grade LPS schedule as shown below. Rates may be adjusted as necessary to meet the minimum differential requirements in paragraph 3 of part 3.*

(1) **Nurse I.** *Nurse I will contain three levels. The beginning rate for Nurse I, Level 1 will be the rate of Junior grade, step 1. The beginning rate for Nurse I, Level 2 will be the first step that equals or exceeds the rate of Associate grade, step 1. The beginning rate for Nurse I, Level 3 will be the first step that equals or exceeds the rate of full grade, step 1.*

(2) **Nurse II.** *Nurse II will not be divided into levels. The beginning rate will be the rate of Intermediate grade, step 1.*

(3) **Nurse III.** *Nurse III will not be divided into levels. The beginning rate will be the rate of Senior grade, step 1.*

(4) **Nurse IV.** *Nurse IV will [not be divided into] levels. The beginning rate for Nurse IV [ ] will be the rate of Chief grade, step 1. [ ]*

(5) *Nurse V. Nurse V will [not be divided into] levels. The beginning rate for Nurse V [ ] will be the rate of Assistant Director grade, step 1. [ ]*

c. **On-going Procedures.** *Once LPS schedules have been established under the provisions of this paragraph, the remaining procedures for salary adjustments in this part will apply* and the remaining provisions of this handbook where appropriate.



## DEFINITIONS

- 1. Above-Minimum Entrance Rate.** Above-minimum entrance rate is an increase in the minimum rate of basic pay for a grade with no corresponding increase in higher intermediate rates or in the maximum rate of pay for that grade. Above-minimum entrance rates are authorized under Title 38 United States Code (U.S.C.) 7455.
- 2. Advancement.** The term advancement means periodic step increases, Special Advancements for Achievement, Special Advancements for Performance, additional steps received for being in a head nurse assignment or an assignment requiring specialized skills, and steps granted to an employee based on the employee's attaining qualifications necessary to advance to a higher level within the grade. Advancement to a higher level within the grade based on additional qualifications is applicable to nurses and nurse anesthetists in Nurse I. [ ]
- 3. Average On-Board.** Average on-board means the sum of the total full-time equivalent employees (FTEE) in the occupation or specialty on the facility's rolls on the beginning and ending dates of the reporting period divided by 2.
- 4. Bureau of Labor Statistics (BLS).** BLS is the United States (U.S.) Department of Labor bureau responsible for collecting, processing, analyzing, and disseminating data related to employment, unemployment, and other characteristics of the labor market.
- 5. Ceiling.** Ceiling is the FTEE of filled and vacant positions allocated to an occupation or specialty by local management officials as of the beginning or ending date of a reporting period.
- 6. Certainty Establishment.** A Certainty Establishment is an establishment selected to be surveyed because it significantly affects a Department of Veterans Affairs (VA) facility's ability to recruit and retain employees in the occupation to be surveyed.
- 7. Corresponding Positions.** Corresponding positions are positions in non-Department health care facilities for which the education, training, and experience requirements are equivalent or similar to the education, training, and experience requirements for positions covered by this handbook.
- 8. Days.** The term "days" means calendar days.
- 9. Equivalent Increase.** An equivalent increase is an increase or increases in an employee's rate of basic pay equal to or greater than the amount of a step increase in the employee's grade. Receipt of an equivalent increase causes the employee to begin a new waiting period for the next periodic step increase (PSI). The following are not considered equivalent increases:

- a. General basic pay increases under the Locality Pay System (LPS);
- b. Special advancements for achievement or performance;
- c. Increases resulting from adjusting employees to the new minimum step for a higher level in Nurse I [ ];
- d. Increases resulting from the approval of special salary rates;
- e. Higher rates of pay received by head nurses or employees with specialized skills; and
- f. Cash awards.

**10. Establishment**

- a. Except as noted in the following, an establishment is a non-VA medical center, independent outpatient clinic or an independent domiciliary facility, either in the private or public sector, with 50 or more employees, whose primary function is to provide diagnostic and therapeutic medical, psychiatric, surgical, or specialty services for particular medical conditions.
- b. For the purposes of surveys for nurse anesthetists conducted under paragraph 10 of part 2, Surveying Nurse Anesthetist Contractors, an establishment would also include organizations that provide anesthesia services on a contract basis through registered nurse anesthetists.

**11. Federal Wage System (FWS) Survey Area.** FWS survey areas are geographic areas (a group of counties, townships, and/or independent cities) in which FWS surveys are conducted. FWS survey areas are established by the Office of Personnel Management and published in the OPM Operating Manual, Federal Wage System.

**12. FTEE.** FTEE is full-time equivalent employees.

**13. Gains.** For an occupation or specialty, gains is the total FTEE of placements in the occupation or specialty, either from internal or external sources, during the reporting period.

**14. General Schedule (GS) Adjustment.** A GS adjustment is an adjustment to the national schedule of rates of basic pay exclusive of any locality-based pay adjustments.

**15. Grade.** Unless otherwise specified, an LPS grade, Nurse I, Nurse II, Nurse III, Nurse IV, and Nurse V.

**16. Graduate Nurse (formerly Graduate Nurse Technician).** A graduate nurse is a graduate who has completed a full course of nursing in an approved nursing school and whose registration in a State is pending.



**17. Graduate Nurse Anesthetist.** A graduate nurse anesthetist is a graduate who has completed a full course of nursing in an approved nursing school and a graduate of a school of nurse anesthesia approved by the American Association of Nurse Anesthetists. A graduate nurse anesthetist must also possess active, current, full and unrestricted registration as a graduate professional nurse in a State.

**18. Head Nurse.** A head nurse is a registered nurse who is the first line supervisor for a designated nursing unit or ward and who is responsible for the management of nursing care and nursing personnel.

**19. Highest Previous Step.** For former employees who have served under LPS, the highest previous step is the current equivalent of the highest step formerly earned. The highest step for former employees who have not served under the LPS is determined under subparagraph 10a(1)(c) of part 1. Also see subparagraph 10a(1)(e) for restrictions on making highest previous step determinations.

**20. Intervening Rate of Pay.** An intervening rate of pay is an authorized rate of pay that is above the rate of pay for the corresponding grade and step at the gaining facility, but less than the rate of pay provided by placing a transferring employee at the first step that equals or exceeds the employee's pay rate at the losing facility.

**21. Job Acceptance Rate.** The job acceptance rate is the gains divided by job offers.

**22. Job Offers.** Job offers are the FTEE of offers of employment in the occupation or specialty during the reporting period made to internal and external candidates.

**23. Level.** For Nurse I [ ] for registered nurses and nurse anesthetists, the grade recognizes employees with higher qualifications. Employees in a higher level in the grade are placed at or above the first step of the level based on the possession of these higher qualifications.

**24. Local Labor Market Area (LLMA).** The LLMA is the geographic area in which LPS surveys are conducted.

**25. Locality Pay Schedule.** The Locality Pay Schedule is a pay schedule established after a survey of pay rates for corresponding non-VA health care positions in the LLMA (see part 2). Locality pay schedules will be constructed using part 3, Salary Schedule Construction and Implementation, and may be established for any covered occupation, or any specialty, assignment and/or category of assignments within the covered occupation (e.g., nurse anesthetist, R.N., operating room nurse, critical care nurse, administrative nurse (except head nurse), nurse practitioner, clinical nurse specialist).

**26. Losses.** In an occupation or specialty, the FTEE of losses during the reporting period, for any reason, which resulted in a recruitment action except reduction in ceiling is termed "losses."

**27. Metropolitan Statistical Area (MSA).** For a definition and list of MSAs refer to the most current Statistical Abstract of the United States which is published annually by the United States Department of Commerce.

**28. Nurse.** A R.N. who meets the basic requirements for appointment under the qualification standard in [VA Directive 5102.1]. This includes the Chief Consultant, Nursing Strategic Healthcare Group, the Director, Nursing Service, and VHA Headquarters or VISN Nurses, but does not include nurse anesthetists.

**29. Nurse Anesthetist.** A Nurse Anesthetist is an individual who meets the basic requirements for appointment under the qualification standard in appendix D.

**30. Nurse Executive.** A nurse executive is the Chief of Nursing Service or equivalent position that represents the highest ranking nurse management position at a facility.

**31. Nurse Pending Graduation (formerly Nurse Technician Pending Graduation).** In a limited number of States, students who have completed a designated segment of their nursing studies, but who have not yet graduated, are permitted to obtain registration as a graduate professional nurse. A "nurse pending graduation" is a student enrolled in an approved nursing school who possesses active, current registration to practice nursing in a State.

**32. On-Board.** On-board means the total FTEE of employees in the occupation or specialty on the facility's rolls on the beginning or ending date of the reporting period.

**33. Periodic Step Increase (PSI).** PSI is an advancement from a step of a grade to the next higher step of that grade based upon completing the required waiting period (see par. 12 of part 1) and meeting the criteria for advancement in MP-5, part II, chapter 5, Advancements, paragraph 5.12. For this handbook, PSI includes rate adjustments authorized under MP-5, part II, chapter 3, Pay Administration, section A, subparagraph 3A.08a(4), for employees in covered positions appointed under 38 U.S.C. 7405(a)(1)(A).

**34. Promotion.** Promotion is movement from a lower grade to a higher grade on the locality pay schedule.

**35. Quits for Pay.** The FTEE of employees in the occupation or specialty who voluntarily resigned for pay reasons during the reporting period. A quit for pay only occurs when the employee resigns to take a higher rate of pay for a corresponding non-VA position in the same LLMA.

**36. Quit for Pay Rate (Annual).** Divide quits for pay by the average on-board to determine the quit for pay rate for the reporting period. Multiplying this figure by the quotient of 12 divided by the number of months in the reporting period will provide the annual quit for pay rate.

**SURVEY JOB STATEMENTS****1. REGISTERED NURSE****a. Nurse I**

**Level 1.** Individual has a diploma or an associate degree in nursing from a school approved by the State accrediting agency, and the individual has no professional nursing experience. [The individual is able to deliver fundamental, knowledge-based care to assigned clients while developing technical competencies.]

**Level 2.** Novice staff nurse with approximately 1 year of experience, or the individual has a Bachelor of Science in Nursing (BSN) from a school approved by the State accrediting [agency] and has no [professional] experience. [The individual is able to deliver technically competent care to clients with simple or complex needs, integrating biopsychosocial concepts and cognitive skills.]

**Level 3.** Individual has an associate degree and approximately 2 [- 3] years of experience or a baccalaureate degree and approximately 1 [- 2] year[s] of experience; or may have a master's degree in nursing or a related field and no experience. The individual [at this level should demonstrate proficiency in practice based conscious, deliberate planning, and self-directed goal setting for managing complex patients. May function in a team leader or charge nurse role on a unit, or function independently in a clinical, education, quality management, research or other role or practice area.]

**NOTE:** *A master's degree in a related field must be preceded by a baccalaureate degree in nursing to be credited in this or any of the following grades.*

**b. Nurse II.** Individual has a [BSN] and approximately [2 -] 3 years of successful nursing practice; a [master's degree in nursing or a related field] and [1 -] 2 years of successful nursing practice; or a [doctoral] degree [in nursing or a related field and no professional experience. Experience at this level has demonstrated leadership in delivering total patient care through collaborative strategies with others. These nurses function effectively in charge nurse, team leader or other leadership roles requiring application of problem solving skills at the unit or team level, and use team approaches to identify, analyze and resolve problems. They are active in quality improvement for their area, evaluate practice of themselves and others, participate in continuing education to maintain expertise, improve clinical knowledge and enhance role performance; educate colleagues and/or students and serve as preceptor or mentor to less experienced staff; support and enhance client self-determination and serve as a resource for clients and staff on ethical issues; use research finds to validate and/or change work group practice; identify and assess resource utilization and take appropriate action.]

c. **Nurse III.** The individual has [ ] a master's degree in nursing or a related field and approximately 2 [- 3] years of nursing experience; [or a doctoral degree in nursing or a related field and 2 - 3 years of nursing experience. The individual has responsibilities that demonstrate leadership, experience and creative approaches to management of complex client care. These individuals may function as expert clinicians, clinical specialists, nurse practitioners, educators, researchers, quality improvement coordinators, or in other positions encompassing a wide range of responsibility or accountability. They provide leadership in the application of the nursing process to client care, organizational processes and/or systems which improve outcomes at the program or service level. They initiate interdisciplinary projects to improve performance and outcomes; use professional standards of care and practice to evaluate programs/service activities; implement educational plans to meet changing program or service needs; maintain and update professional knowledge and skills; coach colleagues in team building; share expertise within and/or outside the facility; provide leadership in identifying and addressing ethical issues; use group process to identify, analyze and resolve care problems; collaborate with others in research activities to improve care either by application of current research-based knowledge or by conducting research or studies; manage program resources (financial, human, material or informational) to facilitate safe, effective and efficient care.]

d. **Nurse IV.** [ ] Individual [has] a master's degree in nursing or a related field and [approximately 4 - 5 years of] progressively responsible professional nursing practice; [or a doctoral degree in nursing or a related field and 3 - 4 years of professional experience. The nurse may possess advanced managerial credentials and be responsible and accountable for the coordination and evaluation of integrated programs that cross service and/or discipline lines. The individual may be a Chief Nurse at a small facility, an Assistant or Associate Chief Nurse at large/complex facility, or may direct the education, research or quality improvement program for a facility or a service. Or, the individual may possess advanced clinical practice credentials and experience and provide primary or highly specialized health care management for large groups of veterans. This responsibility includes developing a multidisciplinary and total patient care approach to the patient's total health care, within the context of the organizational mission statement. This nurse may be in an advanced practice role such as a nurse practitioner, clinical nurse specialist or nurse midwife. The individual uses an analytical framework, such as the nursing process, to create an environment that facilitates the delivery of care; coordinates and evaluates integrated programs or demonstrates clinical excellence in management of population groups; provides leadership in improving or sustaining quality and effectiveness of care in diverse or complex programs; implements standards of professional practice and accrediting bodies; develops staff for career progression; forecasts new knowledge needs for changing practice environments/population groups and develops strategies to meet the needs; contributes to the professional growth and development of colleagues and other health care providers; provides leadership in addressing ethical issues; demonstrates leadership in developing working relationships with groups in other programs, services, academic settings and community agencies; collaborates with staff, other disciplines, faculty and peers in developing, conducting, and evaluating research activities and programs; designs, modifies, and implements systems compatible with professional standards and with the mission and goals to improve the cost-effective use of resources.]

e. **Nurse V.** [ ] Individual must have a master's degree in nursing or a related field and [approximately 5 - 6 years of] progressively responsible professional nursing practice; [or a doctoral degree in nursing or a related field and 4 - 5 years of professional experience. Assignments at this level require practice of an executive nature, comprised of complex managerial and administrative components associated with critical health care issues and activities that influence the organizational mission, health care, and policy. There is a substantial sphere of influence across multiple sites or programs, and across the full continuum of care (inpatient, outpatient, extended care). Substantial involvement in multi-site, regional, and/or national professional and health related issues is integral to the assignment.]

## 2. SPECIALTY DESCRIPTIONS

### a. Administrative (Assistant/Associate Chief Nurse)

**Nurse III.** The individual has a [master's] degree in nursing [or a related field] and approximately [2 -] 3 years of nursing [experience; or a doctoral] degree in nursing [or a related field] and 2 [- 3] years of [nursing experience.] The nurse is typically located at a small health care facility and works as a full assistant to the nurse executive, helping to manage the complete range of nursing programs at the facility. In some instances, the nurse may be assigned responsibility for designated special program areas.

[**Nurse IV.** Individual has a master's degree in nursing or a related field and approximately 4 - 5 years of progressively responsible professional nursing practice; or a doctoral degree in nursing or a related field and 3 - 4 years of professional experience. The individual has substantial and continuous responsibility and accountability for population groups or integrated programs that cross service and/or discipline lines and influence organizational mission and health care. The position encompasses more than one level of care (acute, ambulatory, long term) and requires innovation and leadership in professional and health related programs at the local level.

**Nurse V.]** Use standard survey job statements in paragraph 1, Registered Nurse.

### b. Nurse Practitioner

**Nurse I, Level 3.** An entry-level nurse practitioner typically has completed at least an NLN-accredited, university-based program for nurse practitioners. A master's degree in a clinical specialty is preferred, and certification in the specialty is encouraged. Nurse demonstrates knowledge and competencies necessary to engage in primary health care decision making; to promote health maintenance and protection against disease; and to manage the care of certain patients within the scope of preparation and accountability.

**Nurse II.** Nurse typically has completed at least an NLN-accredited, university-based program for nurse practitioners and has 2 years of nursing practice; nurse may have a master's degree in a clinical specialty, which is preferred, with 1 year of practice. Certification in the specialty is encouraged. Nurse demonstrates competency and skill assessing the physical and psychosocial status of patients, families and groups; participates in primary care decision-making; assists in management of stable chronic diseases and minor acute conditions; and has an

effective working relationship with members of the multidisciplinary health care team in a specific clinical setting. Nurse has demonstrated ability to serve as a preceptor to other nurses.

**Nurse III.** The individual has a [master's] degree in nursing [or a related field,] specialty training as a nurse practitioner, and approximately [2 -] 3 years of nursing [experience]; or a [doctoral] degree in [nursing or a related field, specialty training as a nurse practitioner,] and 2 [- 3] years of [nursing experience.] Nurse demonstrates advanced competencies and skills in assessing the physical and [emotional] status of patients, families and groups; may work with health promotion, health maintenance and management of stable chronic diseases and minor acute conditions; and may function within the usual role of a nurse or in a role with delegated medical functions. The nurse is an active member of the multidisciplinary health care team. [The nurse provides leadership in using the nursing process to improve outcomes and organizational performance at the program/service level.]

[**Nurse IV.** Individual has a master's degree in nursing or a related field, specialty training as a nurse practitioner, and approximately 4 - 5 years of progressively responsible professional nursing practice; or a doctoral degree in nursing or a related field, specialty training as a nurse practitioner, and 3 - 4 years of professional experience. Specialty certification is encouraged. The individual has substantial and continuous responsibility and accountability for population groups or integrated programs that cross service and/or discipline lines and influence organizational mission and health care. The individual uses an analytical framework, such as the nursing process, to create an environment that facilitates the delivery of care; demonstrates clinical excellence in management of population groups; provides leadership in improving or sustaining quality and effectiveness of care for a population group or complex program; implements standards of professional practice and accrediting bodies; develops staff for career progression, forecasts new knowledge needs for changing practice environments/population groups and develops strategies to meet the needs; contributes to the professional growth and development of colleagues and other health care providers; provides leadership in addressing ethical issues, demonstrates leadership in developing working relationships with groups in other programs, services, academic settings and community agencies; collaborates with staff, other disciplines, faculty and peers in developing, conducting, and evaluating research activities and programs; designs, modifies, and implements systems compatible with professional standards and with the mission and goals to improve the cost-effective use of resources.]

#### c. Clinical Nurse Specialist

**Nurse I, Level 3.** An entry-level clinical nurse specialist has a master's degree in an NLN-accredited nursing program with a major in a clinical specialty. Certification in the specialty is [required]. Nurse demonstrates a high degree of knowledge, skill and competence in a specialized area of nursing. Nurse also demonstrates the ability to assess patients' problems, determine priorities, identify nursing measures and therapeutic objectives; to evaluate outcomes relating to patient care; to instruct other nursing personnel; and to collaborate with other health disciplines in promoting health maintenance and disease prevention programs. **NOTE:** *Since a master's degree is required for a clinical nurse specialist, a new graduate would qualify for appointment at Nurse I, Level 3.*

**Nurse II.** Nurse has a master's degree in an NLN-accredited nursing program with a major in a clinical specialty, and 1 year of post-academic relevant clinical experience. Certification in the specialty is [required]. Nursing practice requires application of in-depth knowledges, competencies and skills in a variety of settings, such as acute and long term care, ambulatory care, and community or hospital-based home care. May be involved in direct and indirect patient care, teaching, staff education, consultation and collaboration with the health care team, and problem solving. Uses sound clinical judgment; provides leadership through committee participation; functions as a preceptor to other nurses; and applies current concepts and findings from research and other studies to practice.

**Nurse III.** Individual has a master's degree in an NLN-accredited nursing program with a major in a clinical specialty, and 2 years of post-academic relevant clinical experience. Certification in the specialty is [required]. The individual has responsibilities that demonstrate leadership, experience and creative approaches to management of complex client care. As an expert practitioner and through clinical practice, the nurse enhances patient care for a population group throughout the facility. The clinical specialist provides leadership in the application of the nursing process to client care, organizational processes and/or systems which improve outcomes at the program or service level. They initiate/actively participate in interdisciplinary projects to improve performance and outcomes; use professional standards of care and practice to evaluate programs/service activities; implement educational plans to meet changing program or service needs; maintain and update professional knowledge and skills; coach colleagues in team building; share expertise within and/or outside the facility; provide leadership in identifying and addressing ethical issues; use group process to identify, analyze and resolve care problems; collaborate with others in research activities to improve care either by application of current research-based knowledge or by conducting research or studies; manage program resources (financial, human, material or informational) to facilitate safe, effective and efficient care.

**Nurse IV.** Individual has a master's degree in an NLN-accredited nursing program with a major in a clinical specialty, and 4 years of post-academic relevant clinical experience. Certification in the specialty is required. The individual has substantial and continuous responsibility and accountability for population groups that cross service and/or discipline lines and influence organizational mission and health care. The individual uses an analytical framework, such as the nursing process, to create an environment that facilitates the delivery of care; demonstrates clinical excellence in management of population groups; provides leadership in improving or sustaining quality and effectiveness of care for a population group or complex program; implements standards of professional practice and accrediting bodies; develops staff for career progression, forecasts new knowledge needs for changing practice environments/population groups and develops strategies to meet the needs; contributes to the professional growth and development of colleagues and other health care providers; provides leadership in addressing ethical issues, demonstrates leadership in developing working relationships with groups in other programs, services, academic settings and community agencies; collaborates with staff, other disciplines, faculty and peers in developing, conducting, and evaluating research activities and programs; designs, modifies, and implements systems compatible with professional standards and with the mission and goals to improve the cost-effective use of resources.]

**d. Intensive Care Unit (ICU) Nurse**

**Nurse I.** Use basic survey job statements for this grade.

**Nurse II.** [Individual] has a [BSN] and approximately [2 -] 3 years of [successful] nursing practice; a [master's] degree in nursing [or a related field] and [1 -] 2 years of [successful] nursing practice; or a [doctoral] degree in nursing [or a related field] and [no professional experience]. Experience at this level has demonstrated leadership in applying the nursing process to care of patients in an ICU setting where life-threatening disease or injury requires close monitoring and, at times, quick intervention. Practice requires application of problem solving skills at the unit or team level, and use of team approaches to identify, analyze and resolve problems. The ICU nurse is active in quality improvement for their area, evaluate practice of themselves and others; participate in continuing education to maintain expertise, improve clinical knowledge and enhance role performance; educate colleagues and/or students and serve as preceptor or mentor to less experienced staff; support and enhance client self-determination and serve as a resource for clients and staff on ethical issues; use research findings to validate and/or change work group practice; identify and assess resource utilization and take appropriate action.]

**Nurse III.** The individual has a [master's] degree in nursing [or a related field] and approximately [2 -] 3 years of nursing [experience; or a doctoral] degree in nursing [or a related field] and [2 -] 3 years of nursing [experience]. The individual has responsibilities that demonstrate leadership, experience and creative approaches to management of complex client care in the ICU setting. These individuals provide leadership in the application of the nursing process to client care, organizational processes and/or systems which improve outcomes at the program or service level. They initiate/actively participate in interdisciplinary projects to improve performance and outcomes; use professional standards of care and practice to evaluate programs/service activities; implement educational plans to meet changing program or service needs; maintain and update professional knowledge and skills; coach colleagues in team building; share expertise within and/or outside the facility; provide leadership in identifying and addressing ethical issues; use group process to identify, analyze and resolve care problems; collaborate with others in research activities to improve care either by application of current research-based knowledge or by conducting research or studies; manage program resources (financial, human, material or informational) to facilitate safe, effective and efficient care.]

**e. Operating Room (OR) Nurse**

**Nurse I.** Use basic survey job statements for this grade.

**Nurse II.** [Individual] has a [BSN] and approximately [2 -] 3 years of [successful] nursing practice; a [master's] degree in nursing [or a related field] and [1 -] 2 years of [successful] nursing practice; or a [doctoral] degree in nursing [or a related field] and [no professional experience]. Experience at this level has demonstrated leadership in applying the nursing process to care of patients during surgery and in the immediate post operative period. Practice requires application of problem solving skills at the unit or team level, and use of team approaches to identify, analyze and resolve problems. The OR nurse is active in quality improvement for the operating room, evaluate practice of themselves and others; participate in continuing education to maintain expertise, improve clinical knowledge and enhance role performance; educate



colleagues and/or students and serve as preceptor or mentor to less experienced staff; support and enhance client self-determination and serve as a resource for clients and staff on ethical issues; use research findings to validate and/or change practice in the OR; identify and assess resource utilization and take appropriate action.]

**Nurse III.** [The individual] has a [master's] degree in nursing [or a related field] and approximately [2 -] 3 years of nursing [experience]; or a [doctoral] degree in nursing [or a related field] and 2 [- 3] years of [nursing experience]. The individual has responsibilities that demonstrate leadership, experience and creative approaches to management of complex client care in the operating room setting. These individuals provide leadership in the application of the nursing process to client care, organizational processes and/or systems which improve outcomes at the program or service level. They initiate/actively participate in interdisciplinary projects to improve performance and outcomes; use professional standards of care and practice to evaluate programs/service activities; implement educational plans to meet changing program or service needs; maintain and update professional knowledge and skills; coach colleagues in team building; share expertise within and/or outside the facility; provide leadership in identifying and addressing ethical issues; use group process to identify, analyze and resolve care problems; collaborate with others in research activities to improve care either by application of current research-based knowledge or by conducting research or studies; manage program resources (financial, human, material or informational) to facilitate safe, effective and efficient care.]

### 3. NURSE ANESTHETIST

#### a. Nurse I

**Level 1.** The individual must be a graduate of a school of professional nursing approved by the appropriate State accrediting agency and a graduate of a school of anesthesia approved by the Council on Accreditation of the American Association of Nurse Anesthetists (AANA). No prior experience as a nurse anesthetist is required at this level.

**Level 2.** Individual independently participates in team procedures which are exceptionally difficult or responsible, e.g., extracorporeal circulation, hypothermia, shock, and intensive care units. Typically these abilities are demonstrated in approximately 2 years of nurse anesthesia experience.

b. **Nurse II.** Candidate has had progressively responsible experience in the profession which included accomplishments in such areas as teaching, demonstration of patient care which is abreast of current concepts and advancements in the profession, direction of professional and nonprofessional personnel in providing patient treatment, and the administration of an effective nurse anesthetist education program. Typically, these accomplishments are demonstrated in approximately 4 years of nurse anesthetist experience.

c. **Nurse III.** Employees at this grade level are restricted to the following assignments. Such accomplishments are typically demonstrated in approximately 6 years of experience, including 1 year of successful practice in one of the following situations:

(1) **Independent Nurse Anesthetist.** The individual functions in an environment where typically there is no full-time staff anesthesiologist. This requires evaluating the patient's physical and mental condition and determining course of anesthesia care, including nature of anesthetic agent and method of administration, in conjunction with the surgeon, dentist, or podiatrist; delivering anesthesia for a broad range of procedures which may include new methods and techniques, as well as developing protocols for anesthesia care, for approval by the appropriate authority; and providing advice and assistance to other nurse anesthetists in unusually difficult or complex cases.

(2) **Senior Nurse Anesthetist.** This is a nurse anesthetist who regularly provides anesthesia in the most complex types of procedures. Typically this includes anesthesia care in unusually extensive and complex procedures which are of prolonged duration and involve high risk patients, including development of individualized programs of post-anesthesia care; participating in the audit of anesthesia care, recommending changes where indicated; assisting in the teaching program for providing anesthesia care and participating as an instructor in the facility's program of inservice education; and, assisting in or conducting approved research projects relative to anesthesia care.

d. **Nurse IV.** This grade is restricted in the Department of Veterans Affairs (VA) to nurse anesthetists who have had a minimum of 6 years of professional experience and who are in one of the following assignments:

(1) **Chief, Nurse Anesthetist Section (or Unit).** As a first level supervisor, assumes full supervisory responsibility over a minimum of three experienced nurse anesthetists. Typically, duties include assignment of duties and responsibilities; evaluating performance and identifying continuing education and training needs; making recommendations for personnel actions; assisting in correlating a teaching program for providing anesthesia care; delivering anesthesia in complex cases and to poor risk patients; participating in the audit of anesthesia care, recommending changes where indicated.

(2) **Director, School of Nurse Anesthesia.** As Director of a school of nurse anesthesia, has responsibility for the school, including responsibility for the development of, and modification to, curricula, testing procedures, and evaluation criteria. May participate as instructor in the school. When there is a small school involved, these duties may be performed with those of a Chief, Nurse Anesthetist Section (or Unit). In the case of a large school (15 or more students), the preponderance of work will involve duties connected with administration of the school.

e. **Nurse V.** Candidates have responsibilities which significantly exceed the complexity of those described for Nurse IV. This assignment is restricted to those with a minimum of 6 years of professional experience and who manage a program with 15 or more subordinate nurse anesthetists.

**NOTE:** *Certification by the Council on Certification of Nurse Anesthetists is required at all grade levels for all nurse anesthetists. Candidates who are not certified may be hired for a period not to exceed 2 years, however, pending attainment of certification.*

**4. HEALTH CARE FACILITY COMPLEXITY.** In determining whether a non-VA health care facility is a small, medium, or large facility for purposes of job matching, the following factors need to be considered: bed size, volume of inpatient and outpatient workload, numbers of specialty programs, extent of education affiliation, and extent of research activities. An overview of these factors and their relationship to facility size and/or complexity level can be found in the Office of Personnel Management (OPM) position classification standard for the Health System Administration Series, GS-670.

**5. DETERMINATION OF COMPARABLE POSITION.** In making determinations about corresponding positions in non-Department health care facilities, surveyors should consider the overall comparability of positions being evaluated. This includes consideration of the complexity of the facility, the scope and responsibility of a particular position, and the clinical knowledges and skills required to perform required duties. Job matches cannot be made on the basis of similarities in job titles. A possible match of corresponding positions should not be discounted solely on the basis of a disparity in the educational requirements.



## SAMPLE VA NURSE LOCALITY PAY SCHEDULE

Grade	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10	Step 11	Step 12	PSI
	Level 1		Level 2			Level 3							
<b>Nurse I</b>	\$24,522	\$25,257	\$25,992	\$26,727	\$27,462	\$28,197	\$28,932	\$29,667	\$30,402	\$31,137	\$31,872	\$32,607	\$735
<b>Nurse II</b>	29,455	30,338	31,221	32,104	32,987	33,870	34,753	35,636	36,519	37,402	38,285	39,168	883
<b>Nurse III</b>	40,298	41,506	42,714	43,922	45,130	46,338	47,546	48,754	49,962	51,170	52,378	53,586	1,208
	[ ]				[ ]							[ ]	
<b>Nurse IV</b>	45,130	46,483	47,836	49,189	50,542	51,895	53,248	54,601	55,954	57,307	58,660	60,013	1,353
	[ ]				[ ]			[ ]					
<b>Nurse V</b>	56,627	58,325	60,023	61,721	63,419	65,117	66,815	68,513	70,211	71,909	73,607	75,305	1,698



**SAMPLE OF STATEMENTS OF UNDERSTANDING FOR TEMPORARY PROMOTION  
[ ] OR VOLUNTARY CHANGE TO LOWER GRADE**

**1. TEMPORARY PROMOTION [ ]:** Subparagraph 4c of part 5, Pay for Field Facility Nurse Executives and Key Nursing Personnel, provides for the temporary promotion [ ] of nurses and nurse anesthetists in grades Nurse IV and Nurse V. If a temporary promotion [ ] is approved, the employee will be required to sign the following Statement of Understanding, which is to be filed in the right side of the employee's Merged Records Personnel Folder.

I, (Name), voluntarily accept the position of (Title, Grade & Step), in (Organization), effective (Date).

I fully understand this is a temporary promotion [ ] not to exceed (Date), and may be terminated at any time without prior notice. I also understand that upon expiration or termination of this temporary promotion [ ], I will return to my former position of (Title, Grade, and Step).

This decision is made of my own free will.

---

Signature

---

Date

**2. VOLUNTARY CHANGE TO A LOWER GRADE:** Paragraph 5 of part 5, Pay for Field Facility Nurse Executives and Key Nursing Personnel, provides for the voluntary change to a lower grade of nurses and nurse anesthetists in grades Nurse IV and Nurse V. If a voluntary change to a lower grade is approved and the employee would be entitled to a lower rate of pay, the employee shall be required to sign the following Statement of Understanding, which is to be filed in the right side of the employee's Merged Records Personnel Folder. Generally, such requests should not be effected until the employee has had 24 hours to consider the matter.

I, (Name), voluntarily request my assignment as (current assignment and location) be changed to (new assignment) effective (Date).

I am voluntarily requesting this change without coercion or influence and understand that I will no longer be eligible for the higher rate of pay I received in my previous assignment. This decision is being made of my free will, and I fully understand the significance of this request (i.e., the loss of salary).

---

Signature

---

Date





